



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

SAFE ENVIRONMENT SCHOOL VOLUNTEER REQUIREMENTS CHECKLIST

- 1. Pennsylvania State Police Criminal Record Check (PATCH)** (Less than one year old, recheck every 5 years) – volunteers/employees please complete PATCH online at: [Pennsylvania Access To Criminal History - Home \(state.pa.us\)](https://www.access.crimhist.pa.gov/) please obtain directions from your Local Safe Environment Coordinator OR send your completed “Background Authorization Form” to punger@allentowndioocese.org
- 2. Pennsylvania Child Abuse History Certificate** (Recheck every 5 years). To obtain the **Pennsylvania Child Abuse History Certificate**: <https://www.compass.state.pa.us/cwis/public/home> . A free check is available every 57 months for volunteers. A free payment code is available through your Local Safe Environment Coordinator for both employees and volunteers.
- 3. Federal Bureau of Investigation Criminal “DHS” Background Fingerprint Check** (18+ years old)(less than one year old, recheck every 5 years) –payment code is available through your Local Safe Environment Coordinator. Register for the fingerprint at <https://uenroll.identogo.com> with payment code obtained from Local Safe Environment Coordinator (LSEC). During registration, make an appointment for fingerprint scanning at a nearby public site. Print email receipt, take it to the appointment and provide receipt to the LSEC. Approximately two weeks after fingerprinting, you will receive unofficial results in the mail. Bring the original document to the Local Safe Environment Coordinator for submission to the Diocese.
- 4. Signed Acknowledgment form for 2022 Diocese of Allentown Sexual Abuse Policy** which can be reviewed at: <http://www.allentowndioocese.org/the-diocese/youth-protection/>
- 5. Signed Acknowledgment form for 2022 Diocese of Allentown Code of Conduct Policy** which can be reviewed at: <http://www.allentowndioocese.org/the-diocese/youth-protection/>
- 6. Signed Acknowledgment form for 2022 Diocese of Allentown Social Media and Electronic Communications Policies** which can be reviewed at: <http://www.allentowndioocese.org/the-diocese/youth-protection/>
- 7. Protecting God’s Children attendance certificate**, only needs to be done once, please see attached directions. Print certificate of completion
- 8. Certificate from Mandated Reporting Training** (good for 5 years) Mandated Reporter Training can be done at www.reportabusepa.pitt.edu. Please see attached directions. Print certificate of completion.
- 9. Acknowledgement Form for Child Protective Services Law (CPSL) Policy.** Review the Diocese of Allentown’s Child Protective Services Law Policy (attached) and sign the acknowledgement form.
- 10. Signed Background Check Authorization Form**, attached
- 11. Motor Vehicle Report** – if driving on behalf of a Diocesan location, please fill out part “C” and “E” of the attached “Request for Driver Information Form”. Please mail original to Diocese of Allentown Safe Environment Office, PO Box F, Allentown PA 18105-1538
- 12. Nation Sex Offender Registry Check**, must be less than a year old and completed every five years. <https://www.dhs.pa.gov/KeepKidsSafe/Resources/Documents/NSOR.APPLICATION.05.02.22.pdf>

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ALLENTOWN, PENNSYLVANIA 18102



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**Background Check Authorization Form for:
 Lay Employees, Volunteers, Contactors, & Religious**

Have you resided in the State of Pennsylvania for more than a year?
 Yes _____ No _____

UEID _____

Location Type:

Diocesan Position:

- | | |
|------------------------------|----------------------------------|
| <input type="radio"/> Parish | <input type="radio"/> Contractor |
| <input type="radio"/> School | <input type="radio"/> Employee |
| <input type="radio"/> Both | <input type="radio"/> Priest |
| | <input type="radio"/> Religious |
| | <input type="radio"/> Teacher |
| | <input type="radio"/> Volunteer |

Does position require interaction with children? Yes ___ No ___

PERSONAL INFORMATION - PLEASE PRINT

Full Name _____ Female
 Last First Middle Male

Alias(es) _____ **Race** _____
 Last First Middle

Date of Birth: ___ / ___ / ___ **Social Security Number** _____
 Mm dd yyyy Employees Only

Current Address: _____
 Street Address Apartment Number

 City State Zip Code

Phone: _____ **Email Address:** _____

Diocesan Location _____
 Site Name (IE St. Joseph) City (Bethlehem)

ACKNOWLEDGEMENT SIGNATURE

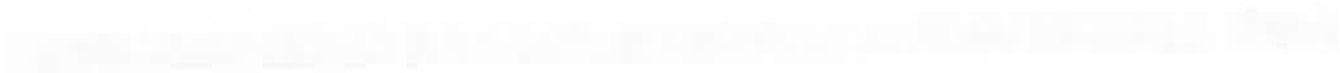
I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with another Roman Catholic Diocese, as necessary.

Signature _____ Date _____

* Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.

* Parish /School must retain a copy of this completed form in the employee/volunteer's file.

Under Credit Reporting Act (FCRA) Summary of Rights on reverse side of form



PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

DIOCESE OF ALLENTOWN

Instructions to Obtain VOLUNTEER

State Police Criminal Record Checks (PATCH)

Begin by going to the website <https://epatch.state.pa.us/>.

1. Click "New Record Check" (Volunteers Only) – the yellow button.
2. Read and accept the Terms and Conditions.
3. The Drop-down menu for "Reason of Request" should be "VolunteerFREE" with no other options available.
 - a. If that is not the case, you may need to start over with the yellow button.
4. Fill out Contact Information.
 - a. Those with the red asterisk (*) are required and the form will not allow you to continue without providing that information.
5. Click "Next."
6. Confirm information on "Review Requestor" page and click "Proceed."
7. Fill in information for the Record Check.
 - a. Those with red asterisk (*) are once again required.
 - b. Social Security Numbers are highly recommended and will allow the report to come back more quickly.
8. Click "Enter This Request."
 - a. If another report is needed for another individual (spouse, for example), you may enter that information now. Click "Enter This Request" again after.
 - b. If not, click "Finished" on the next page without entering further information.
9. Confirm information on "Record Check Request Review" and click "Submit."
10. Click on the hyperlinked Control Number to come to the "Record Check Details."
11. Click "Certification Form" above the "Back" button.
12. Click "OK" on the pop-up dialogue box concerning printing margins.

This resulting document is the **OFFICIAL Certification**.

Print and save this document for your records. You will need to provide this certificate to your respective Local Safe Environment Coordinator or location contact. They will then send it to the Diocese of Allentown Background Check Office for you to be officially cleared given all the required background check documentation.

If additional reports need to be saved, use the "Back" options provided on the page only as the back button of your browser may result in an error and possible loss of these record checks, which can only be recovered with the assigned control number.

Please be aware that receipts and invoices are not acceptable as final documentation of the clearance. These are only useful if less than a year old allowing us to pull the official certificate.

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DIOCESE OF ALLENTOWN
Instructions to Obtain VOLUNTEER

Child Abuse History Certification Clearances

<https://www.compass.state.pa.us/cwis/public/home>

Create and Access Individual Account

1. Use the address above to access the site to apply for a clearance.
2. You will need to begin the process of applying for a Child Abuse Clearance by creating an individual account. Click the "Create an Individual Account" button.
3. Read the information for creating a Keystone ID on the "Create Keystone ID: General Information" page. Click Next.
4. Create a Keystone ID. It can be any user name that you are familiar with for example: lastnamefirstinitialmiddleinitial like "smithab."
5. Be sure to write down your chosen questions and the answers exactly. You will need the exact spelling of the answer for future use when asked the question as a security measure.
6. At this point you will receive an email with your Keystone ID (user name). Print this email for your records. You will receive a second email with a temporary password. Copy just the password for you next login.
7. Login to the system by clicking "Individual Login" on the home page given above.
8. Click "Access my Clearances."
9. Use your Keystone ID and the temporary password you received in your email to login to the system.
10. Choose a method to verify your identity, either answering security questions or receiving a verification code at your email address.
11. Answer "What type of device are you using?" with one of the following options:
 - a. "Public" as in a public device like one that might be at a library or a school
 - b. "Private" as in a private device that you own
12. Set a permanent password and write it down for your records. Close the window.
13. Login to the system (web address above) again using your Keystone ID and the permanent password that you have set.
14. Once you have logged in, you will be taken to the "My Child Welfare Terms and Conditions" page. Read through it and then select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions" box at the bottom of the page and click "Next".
15. Click "Continue."

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Applying for a Child Abuse History Certification

16. Click "Create a Clearance Application."
17. Click "Begin"
18. Volunteers should select "**Volunteer having contact with children**" for the Application purpose:
 - a. **Please note:** Volunteer clearances cannot be used for employment.
19. Enter all requested information. Make sure to include a local address that you have access to, so that you can receive a mailed copy of your results in addition to an electronic copy, if so desired.
20. Be sure to include your social security number that you can receive your results in a timely manner. Applications without a social security number provided can take more time to return results.
21. When you are listing the people you have lived with, please be sure to include your parents, even if you have not lived with them in the last 25 years. This will prevent the application from being kicked back for insufficient information.
 - a. All applicants who were under 18 years of age in 1975 must list their parents or guardians among their Household Members.
 - b. Those who have passed can still be listed. You can note this rather than giving an age.
22. If you have received a free volunteer code (See label below), please enter it when asked to do so.

23. Once you have completed the application click "Submit." Make note of the application number that shows at the end.

Next Steps:

You should receive an email that your application was received. You will also receive an email when your clearance is ready to access online. If you requested to receive a paper copy in the mail, that should arrive within 2 to 3 weeks, as long as the information you provided was accurate to the best of your knowledge and complete to the satisfaction of ChildLine.

If your application resulted in a letter requesting missing information, you may respond to this either by writing the information on the letter and mailing it back to ChildLine (address at the end of the letter), or you may call the ChildLine Verification Unit using the phone number on the letter to provide the missing information.

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DIOCESE OF ALLENTOWN

Instructions to Obtain DHS Fingerprints for all Volunteers and Parish Employees

Go to the registration site: <https://uenroll.identogo.com/>

Enter your Service Code to get started

- **Volunteer** – 1KG6ZJ for DHS Volunteer
- **Employee** - 1KG756 for DHS Employee

Select Schedule or Manage Appointment.

During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk (*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- You will be asked to fill in Employee Information, please enter
Employee Name: Diocese of Allentown
Country: United States
Address Line 1: PO Box F
Address Line 2: - leave blank-
City: Allentown
State: Pennsylvania **Postal Code:** 18105-1538
- You will be asked if your mailing address is the same as your residential address, please select **NO**
When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown PA. 18105. Please enter your home address in the residential address area.

Payment Code

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once you have finished entering your information, you can choose a fingerprint location by zip code. Select an appointment time and schedule your fingerprints.
- Print a copy of the confirmation to take with you to fingerprinting appointment AND for your records.
- At the time of your appointment, you will receive a printed receipt, please give a copy to your location, keep the original for your files.
- An official copy of your results will be sent to your email address if you selected to be contacted through email. Please do not open on your phone. Your unofficial results are only available once, through a one-time use link. Do NOT login with your phone because the system doesn't allow letters pulled via mobile devices, but it does count as your single login. Only use the link provided by Identogo when you are on a computer and have the ability to save and print it. Please keep this copy (either from email or regular mail) for your records.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: RA-PWNSOR@pa.gov in the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

Purpose of the National Sex Offender Registry Verification (Check one box only)

- Individual 18 years or older residing in the facility where child care is occurring.
- Individual working for a Regulated Child Care Provider.
- Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Volunteer of a child-care provider, group-daycare home or family child care home.

Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): _____

Social Security Number (XXX-XX-XXXX): _____

Date of Birth (MM/DD/YYYY): _____

Daytime Phone Number (XXX-XXX-XXXX): _____

Home Mailing Address: _____

Include full street address, (Apt # or PO Box if applicable),

City, State and Zip Code

E-mail Address: _____

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: _____

Date: _____



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Instructions to Obtain Mandated Reporter Certificates

Mandated Reporter Training

The Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training course is available online. All clergy, employees, or volunteers who interact with children are required to attend. Mandated Reporter Training expires every 5 years. Please keep you login information for future trainings.

- 1. Pa Family Support Alliance website:** <https://pafsa.org/>
 - a. Click on "Trainings & Programs" at the top of the page
 - b. Select "Mandated Reporter Training"
 - c. Scroll down the page until you see "Upcoming Virtual Sessions at no cost"
 - d. Look for Virtual Sessions in (month), (click here)
 - d. Select a date and time that works for you
 - e. Fill in all the required boxes marked with * (an asterisk)
 - f. Select "Register"
 - g. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
 - h. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

- 2. University of Pittsburgh's website:**
<https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx>
 - a. Fill out all required information (blue fields) to create an account.
 - b. Click "Submit" to create a username and password.
 - c. Login using your new credentials in the "Welcome" tab.
 - d. Complete the 3-hour (minimum) training course.
 - e. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

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Instructions to Obtain PGC Certificates

Protecting God's Children Program (PGC)

The Protecting God's Children™ program is a virtual training that includes videos and question and answer segments. All clergy, employees, or volunteers who interact with children are required to attend. Currently Protecting God's Children is once and done.

1. Please visit <https://www.virtusonline.org/virtus/>
2. Select the "First-Time Registrant" button
3. Select  "Begin the registration process"
4. Using the dropdown arrow select "Allentown, PA (Diocese)"
5. Click "yes or no" if you have previously registered with Virtus. Select "No" if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all *items. Do not select "No Email," you must have an email address to do the virtual training.
8. Please select the primary location you will be volunteering/employed
Please select at least one primary role you perform at this location
Please select any additional roles you perform at this location
Please enter your actual title or position of service
9. Select "Yes" if you are associated with any other diocesan locations, "No" if you are not.
10. Please answer the four questions on the next page, by selecting "Yes" or "No"
11. Please print and read the documents on the next page, select "I have read and understand this document", fill in your name and the date, select continue.
12. On the next page Select "Online Training" or "Online Spanish Training," then click the "Continue Button"
13. Have you already attended a VIRTUS Protecting God's Children Session? select "Yes" or "No"
14. If you selected "No" please select the training you'd like to take (English or Spanish).
15. Your home page will open, please click on You have 1 online module assigned, to start your training.
16. Thank you for registering for Virtus Online.
17. Upon completion, please sign out. After 72 hours sign back in to your account and print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator. Certificate can be found under training history. 
18. The following roles will be assigned monthly online readings on the Virtus website:

Priests	Deacons	Seminarians	Principals	K of C with Squire Programs
DRE/CRE	LSEC	Coaches	Youth Ministers	Prep/CCD Teachers
Employees	Teachers			



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Code of Conduct, English



Code of Conduct, Spanish



Sexual Abuse Policy, English



Sexual Abuse Policy, Spanish



Social Media Policy, English



Social Media Policy, Spanish



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**DIOCESE OF ALLENTOWN
Child Protective Services Law Policy
Acknowledgment Form**

I hereby acknowledge that I have received a copy of the Diocese of Allentown's Child Protective Service Law Policy.

I have reviewed the Child Protective Services Law Policy and understand its contents, and the process that I must complete if I have reasonable cause to suspect that a child has been subjected to child abuse or acts of child abuse.

I further understand that the Diocese of Allentown has issued the Child Protective Services Law Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Child Protective Services Law Policy, and it reserves the right to amend or interpret the Policy as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel or volunteer file.

(Date)

(Signature of Employee/Volunteer)

(Please print name)

Location (Parish/School/Office)

City



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ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING 2022 CODE OF CONDUCT

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown’s Policies and Procedures Regarding Code of Conduct. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Code of Conduct and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

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ACKNOWLEDGMENT/CERTIFICATION DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING 2022 SOCIAL MEDIA AND
ELECTRONIC COMMUNICATIONS

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Social Media and Electronic Communications.

I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion. I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Social Media and Electronic Communications or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Social Media and Electronic Communications and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

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ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
2022 POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown’s Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

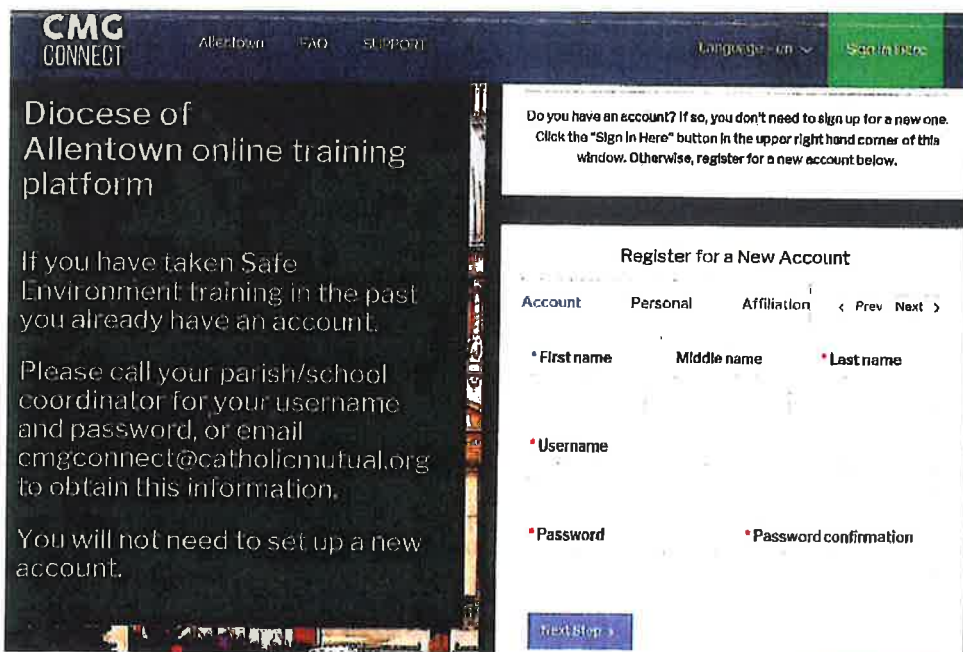
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CMGConnect

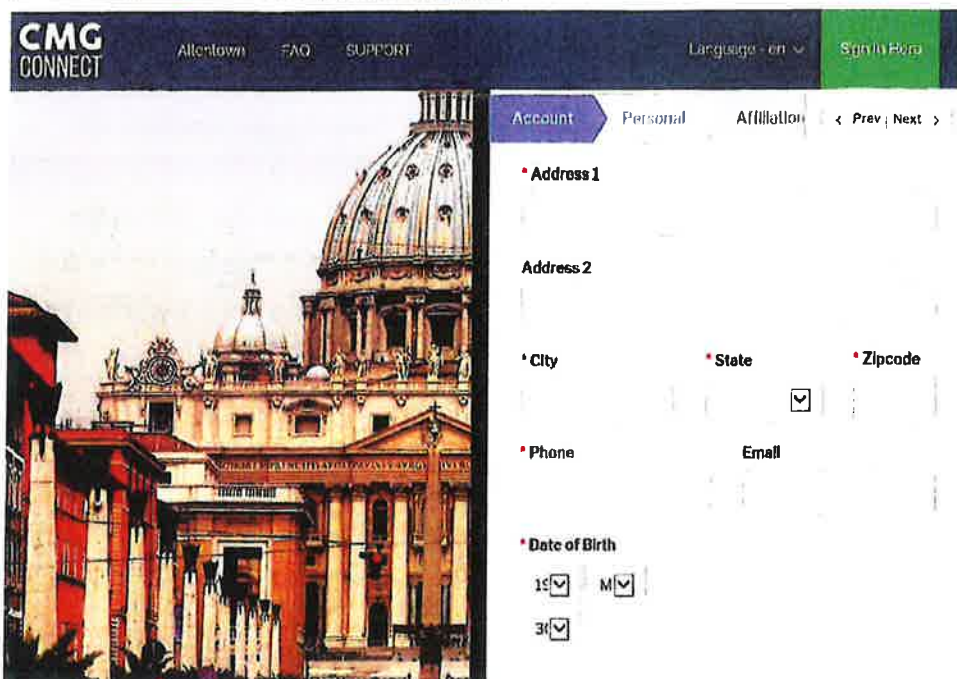
DEFENSIVE DRIVING PROGRAM. Online Training Instructions

1. You can access the training moduels via the diocesan website at www.allentowndiocese.org. Scroll to the very bottom of the screen and click on CMGConnect or you can go directly to the website, <https://allentown.cmgconnect.org> . The following are samples of screen prints to help you during your account set-up and access.

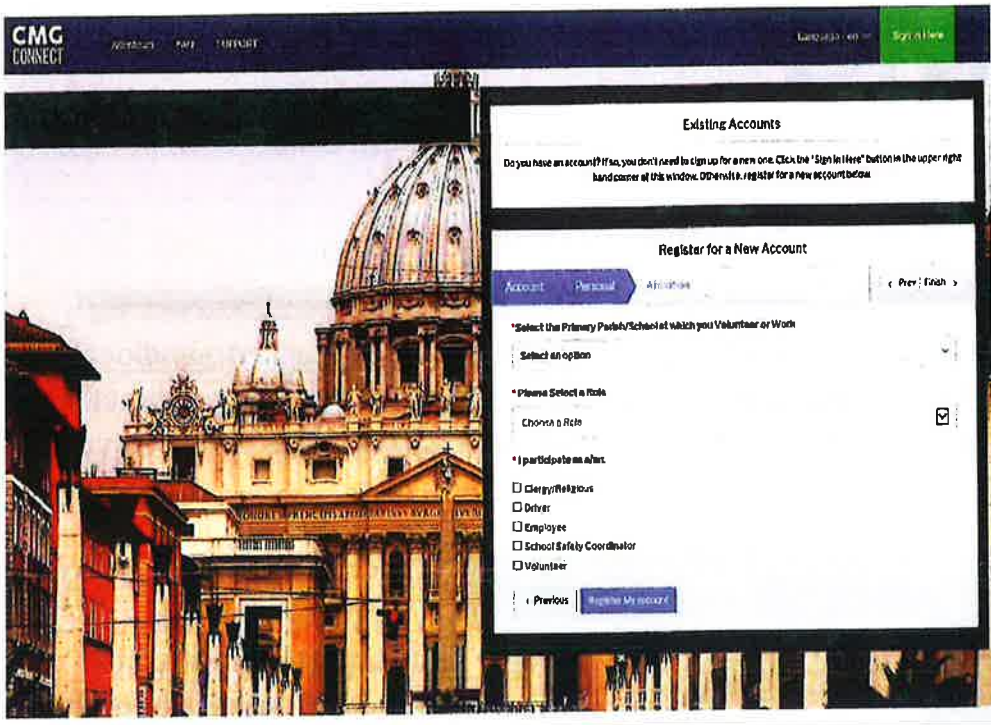


2. Create an account by completing all the information in the next several screens. **If you have done training in the past, you already have an account. Please login with your previous username and password.** If you cannot remember your username and password, please click the FAQ or the Support tab for additional information.

NOTE: You may also have an account through Safe Environment Processing. If your email address is in the system, your registration will be rejected as a duplicate. Please contact your local Safe Environment Coordinator to obtain your username to begin the sign in process.

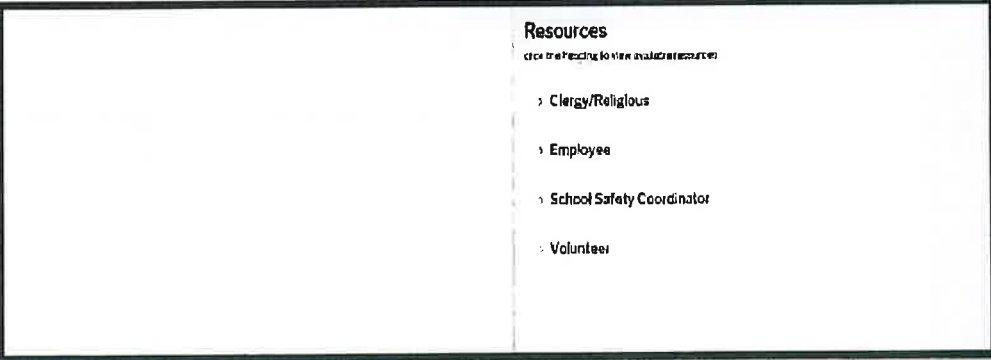


3. You will be asked to provide your home address, phone, email, and date of birth.

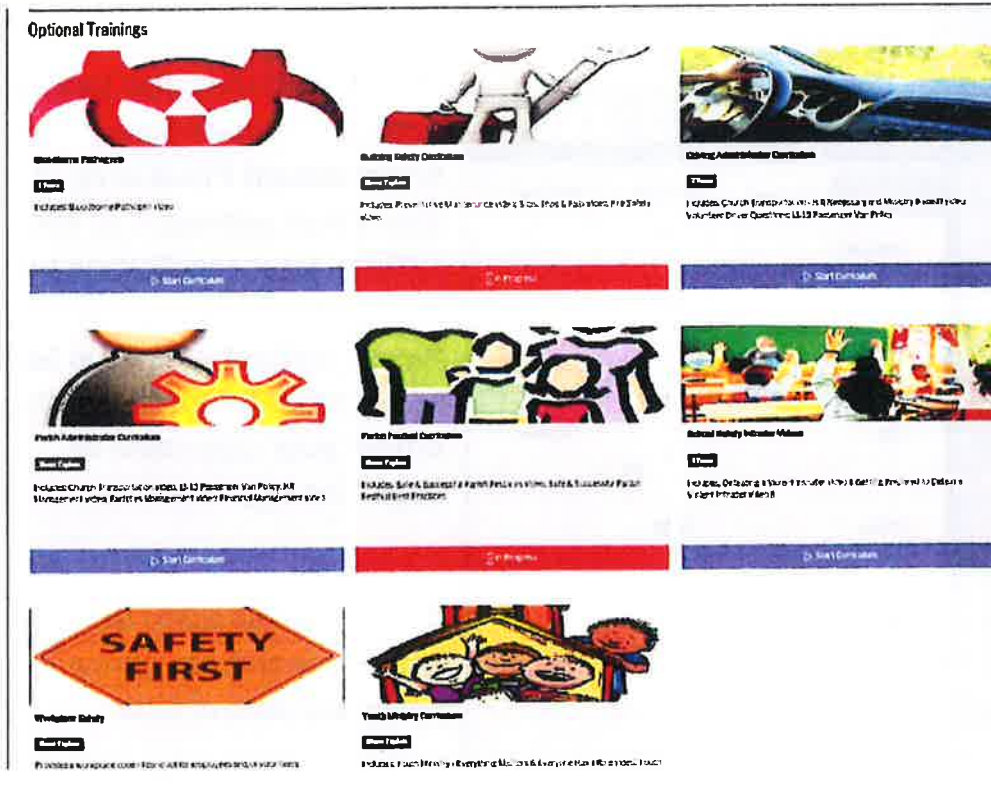


4. Select your primary parish, school, or office location from the drop-down menu.

5. Next you will select how you participate within your location. Please select the job descriptions that are applicable to how you work or volunteer at your location. This allows the platform to automatically assign training that the Diocese may assign to your position.



6. Once you have completed the registration process, you will see all the available training curriculums. Select the desired training and click "Start Curriculum".



You must complete all sections within your training curriculum for full credit. Although it is not required, you can print a certificate of completion.

FOR TECHNICAL ASSISTANCE, please click the SUPPORT tab



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: \$10.00 FEE (Driver history is not included)
- 3 YEAR DRIVER RECORD: \$10.00 FEE
- 10 YEAR DRIVER RECORD: \$10.00 FEE (Employment Purposes Only)

- FULL HISTORY: \$10.00 FEE
- CERTIFIED DRIVER RECORD: \$34.00 FEE
- COPY OF DOCUMENT FROM FILE (MICROFILM): \$10.00 FEE
- CERTIFIED COPY OF DOCUMENT FROM FILE: \$34.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
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NAME/COMPANY <p style="text-align: center;">Diocese of Allentown</p> ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> <p style="text-align: center;">1515 Martin Luther King Jr. Drive</p> CITY STATE ZIP CODE <p style="text-align: center;">Allentown PA 18102</p> DAYTIME TELEPHONE NUMBER (REQUIRED) (610) 871-5200 RELATIONSHIP TO DRIVER (REQUIRED) _____	NAME/COMPANY ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____
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SIGNATURE <u>X</u> NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)
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C DRIVER INFORMATION NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER DATE OF BIRTH DRIVER NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	MONTH	DAY	YEAR				I hereby Certify that _____ <p style="text-align: right;">PRINTED NAME OF REQUESTER</p> will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. <u>X</u> _____ <p style="text-align: right;">SIGNATURE OF REQUESTER</p> Title _____
MONTH	DAY	YEAR					

E DRIVER RELEASE I _____ hereby request <p style="text-align: center;">NAME OF DRIVER</p> the Department of Transportation to furnish a copy of my PA Driver's Record to _____ <p style="text-align: center;">NAME OF PERSON/COMPANY</p> <u>X</u> _____ <p style="text-align: center;">SIGNATURE OF DRIVER</p> <p style="text-align: right;">DATE</p>	Title _____ SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR <u>X</u> _____ <p style="text-align: center;">SIGNATURE OF PERSON ADMINISTERING OATH</p>
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F MICROFILM TYPE OF DOCUMENT DATE OF VIOLATION _____ (see list of available documents below) Documents Available: <ul style="list-style-type: none"> <li style="width: 50%;">• Citations <li style="width: 50%;">• Suspension Credit Affidavits <li style="width: 50%;">• Court Certifications <li style="width: 50%;">• Suspension/Revocation Letters <li style="width: 50%;">• Applications <li style="width: 50%;">• Restoration Letters <li style="width: 50%;">• License Renewals <li style="width: 50%;">• Rescind Letters <li style="width: 50%;">• Judgments <li style="width: 50%;">• Department Hearing or Exam Notice 	NOTARIZATION SIGN IN PRESENCE OF NOTARY
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MESSENGER NO.

INSTRUCTIONS

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. **Section E must contain the driver's signature if block B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form: Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$10.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."
DO NOT SEND CASH. Attach your check or money order and send to:

For overnight and other special mail:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
P.O. BOX 68695
HARRISBURG, PA 17106-8695

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
1101 SOUTH FRONT STREET 3RD FLOOR
HARRISBURG PA 17104-2516

DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION Includes name, address, driver number, date of birth and class of license.

(\$10.00 fee)

3 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed.

(\$10.00 fee)

10 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only.

(\$10.00 fee)

FULL HISTORY Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.

(\$10.00 fee)

CERTIFIED RECORD Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania certified by the Department.

(\$34.00 fee)

MICROFILM DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.

(\$10.00 fee)

CERTIFIED COPY OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department.

(\$34.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

Visit us at www.dmv.pa.gov or call us at:

In state: 1-800-932-4600 ♦ TDD: 1-800-228-0676 ♦ Out-of-State 1-717-412-5300 ♦ TDD Out-of-State: 1-717-412-5380

* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at www.dmv.pa.gov and click on "Online Business Services" for more information.

DIOCESE OF ALLENTOWN
DRIVER INFORMATION FORM

Driver

Name _____ Date of Birth _____
Address _____ Home Phone _____
_____ Cell Phone _____
Driver's License # _____ Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____ Year / Make of Vehicle _____
Address of Owner _____ Model of Vehicle _____
_____ Date of Expiration _____
License Plate # _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

Insurance Company _____ Liability Limits of Policy* _____
(Please note: minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)
Policy # _____ Date of Policy Expiration _____

*** Please be aware that as the driver of this vehicle, your insurance is primary***

***Driver **MUST** complete the **Be Smart – Drive Safe II** defensive driver training ***

Driving Record

1) I certify that I have NOT had a conviction for any of the following violations in the past ten years:

- Driving under the influence of alcohol or drugs
- Hit and Run
- Failure to report an accident
- Negligent homicide
- Operating a Motor Vehicle during a period of suspension or revocation
- Using a Motor Vehicle for the commission of a felony
- Operating a Motor Vehicle without authority (grand theft)
- Permitting an unlicensed person to drive
- Reckless Driving
- Speed Contest (drag racing)

2) I certify that my driving record does not include a total of three accidents and/or moving violations in the past five years.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used for a parish, school or diocesan location activity or business. I have successfully completed the BE-SMART, DRIVE SAFE on-line training. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date

